

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

Declaration Submitted **OR** Declaration submitted after Initial Filing

Attorney Docket Number	2000-0534
First Named Inventor	Arvind S Chakravarti
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor(if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Proactive Predictive Preventative Network Management Technique

(Title of Invention)

the specification of which

is attached hereto

OR

was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

Application Number(s)	Filing Date(MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Attorney Docket Number: 2000-0534

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number

Place Customer Number Bar
Code Label here

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
CANAVAN, Robert T.	37592	CONOVER, Michele L.	34962
DELACRUZ, Cedric G.	36498	DWORETSKY, Samuel H.	27873
GARG, Rohini K.	45272	ISAACSON, Thomas M.	44166
LEE, Benjamin S.	42787	LEVY, Robert B.	28234
MCGAHAHAN, Susan E.	35948	MONKA, Gary H.	35290

I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T Corp.) attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Direct all phone inquiries to: Levy, Robert B. 908-221-5714



Direct all written correspondence to:

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below
--	---	---

NAME	Samuel H. Dworetzky			
ADDRESS	AT&T CORP. P.O. Box 4110			
CITY	Middletown	STATE	New Jersey	ZIP CODE
COUNTRY	United States of America		FAX	732-368-6932

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor A petition has been filed for this unsigned inventor

Name	Arvind S Chakravarti			
Signature	<i>Arvind S. Chakravarti</i>			
Citizenship	United States			
Address (line 1)	4 Hunterdon Ct.			
Address (line 2)	Marlboro			
Address (line 3)	Monmouth County			
Address (line 4)	New Jersey			
Address (line 5)	USA			
Zip Code	07746			

Additional Inventors are being named on the 1 separately numbered sheets attached hereto

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Attorney Docket Number: 2000-0534

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page _____ of _____Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name	Hossein Eslambolchi	
Signature	Hossein - Eslambolchi	Date 10/23/01
Citizenship	United States	
Address (line 1)	13826 Moon Lane	
Address (line 2)	Los Altos Hills	
Address (line 3)	Santa Clara County	
Address (line 4)	California	
Address (line 5)	USA	
Zip Code	94022	

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name	Richard Hellstern	
Signature		
Citizenship	Germany	
Address (line 1)	17 Evans Drive	
Address (line 2)	Cranbury	
Address (line 3)	Mercer County	
Address (line 4)	New Jersey	
Address (line 5)	USA	
Zip Code	08512	

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name	John Babu Medamana	
Signature		
Citizenship	United States	
Address (line 1)	21 Colonial Terrace	
Address (line 2)	Colts Neck	
Address (line 3)	Monmouth County	
Address (line 4)	New Jersey	
Address (line 5)	USA	
Zip Code	07722	

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

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Signature		
Citizenship		
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Signature		
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Name	Richard Hellstern	
Signature	<i>Richard Hellstern</i>	Date 10/30/01
Citizenship	Germany	
Address (line 1)	17 Evans Drive	
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
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Name Hossein Eslambolchi

Date

Signature

Citizenship United States

Address (line 1) 13826 Moon Lane

Address (line 2) Los Altos Hills

Address (line 3) Santa Clara County

Address (line 4) California

Address (line 5) USA

Zip Code 94022

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name Richard Hellstern

Date

Signature

Citizenship Germany

Address (line 1) 17 Evans Drive

Address (line 2) Cranbury

Address (line 3) Mercer County

Address (line 4) New Jersey

Address (line 5) USA

Zip Code 08512

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name John Babu Medamana

Date

10/29/01

Signature

Citizenship United States

Address (line 1) 21 Colonial Terrace

Address (line 2) Colts Neck

Address (line 3) Monmouth County

Address (line 4) New Jersey

Address (line 5) USA

Zip Code 07722

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Name

Date

Signature

Citizenship

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Address (line 5)

Zip Code

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DECLARATION -- Supplemental Priority Data Sheet

Additional Foreign Applications:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>

Additional Provisional applications:

Application Number(s)	Filing Date(MM/DD/YYYY)

Additional U.S. applications:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>

Attorney Docket Number: 2000-0534

DECLARATION**Registered Practitioner
Information
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
RESTAINO, Thomas A. SZWERC, Christine	33444 43177	STEINMETZ, Alfred G.	22971

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